

Significant Legislative Rule Analysis

Chapter 246-854 WAC

A Rule Concerning Osteopathic Physician Assistants

September 2014

Describe the proposed rule, including a brief history of the issue, and explain why the proposed rule is needed.

Substitute House Bill (SHB) 1737 (Chapter 203, Laws of 2013) requires the Board of Osteopathic Medicine and Surgery (board) and the Medical Quality Assurance Commission (commission) to work in collaboration with a statewide organization(s) representing the interests of physician assistants (PAs) to modernize the current PA rules.

In response to SHB 1737, the board and commission established a Joint Physician Assistant Rules Committee (committee) consisting of members from the commission, the board, the Washington Academy of Physician Assistants (WAPA), and the University of Washington's MEDEX physician assistant training program to develop proposed rules. The workgroup convened several open public meetings from November 2013 through June 2014, which included two webinars and five in-person workshops to consider draft rule revisions and solicit stakeholder feedback and comments.

SHB 1737 requires the board and commission to revise rules for osteopathic and allopathic PAs, their practice sites (both standard clinic and remote sites), supervision ratios, and develop proposed rule revisions that "modernize" the PA regulations. In addition, as part of the committee's recommendations, board and commission staff considered ways to streamline, align where possible, and synchronize the two professions' rules and credentialing processes, since many PA applicants now seek both an allopathic and osteopathic PA credential.

Draft rules were recommended by the joint committee to the board and commission, and the board has approved revisions to chapter 246-854 WAC to go forward as the proposed rules package. The proposed rules are designed to be responsive to the intent of SHB 1737 to facilitate a faster and leaner application process for all PA applicants as part of the overall modernization of rules. In addition, the board's and commission's proposed PA rules are made similar where appropriate by taking the best practices from both the board's and commission's existing rules and incorporating them in the, proposed rules and the revised delegation agreements forms. The proposed rules represent the committee's collective recommendation and the board's agreement on proposed regulations for PAs in the state of Washington.

Is a Significant Analysis required for this rule?

Yes, as defined in RCW 34.05.328, portions of the proposed rule require a significant analysis. However, the department has determined that no significant analysis is required for those chapter sections identified in Table 1 below.

Clearly state in detail the general goals and specific objectives of the statute that the rule implements.

Authority for the revision and adoption of rules for osteopathic physician assistants is established in chapter 18.57A RCW as amended by SHB 1737, and in other relevant statutes such as RCW 18.130.250 regarding retired active credentials. The intent of SHB 1737 is to modernize the current osteopathic PA rules to clarify regulatory requirements and streamline credentialing and delegation agreement form processes.

The objectives the proposed rules include (pursuant to SHB 1737):

- Adding a new definitions section to define terms used throughout the chapter.
- Adding a new section that states that an application cannot be retracted if grounds for denial exist. This section aligns osteopathic PA rules with existing allopathic PA rules.
- Streamlining osteopathic PA requirements relevant to their prescriptive authority.
- Clarifying background check requirements for new applicants.
- Providing direction for how an osteopathic PA can return to active status when their license has expired.
- Revising PA supervision requirements and physician/PA ratios in remote clinic sites and non-remote clinic sites.
- Updating the renewal and continuing medical education information to align with the allopathic PA rules and be more consistent with current national standards.
- Adding a new section establishing requirements for delegation agreements.
- Adding a new section establishing steps and requirements needed for active allopathic PAs who are in good standing who want to obtain an osteopathic PA license.
- Adding a new section establishing a retired active credential under RCW 18.130.250 and the steps needed to obtain and renew this credential.
- Revising a section to clarify the scope of an osteopathic PA if their supervising or sponsoring physician is subject to disciplinary action.
- Amending a section to allow PAs to delegate the use of light, laser, radiofrequency, or plasma devices to qualified individuals not credentialed by the Department of Health.

In addition to these proposed section amendments, general housekeeping and technical editing of rules are proposed to clarify and simplify language so as to assist with reading ease and comprehension of the regulations.

Explain how the department determined that the rule is needed to achieve these general goals and specific objectives. Analyze alternatives to rulemaking and the consequences of not adopting the rule.

The proposed rule will achieve the authorizing statute's goals and objectives. The board and commission worked in collaboration with statewide organizations representing the interests of PAs and other interested stakeholders to examine the PA chapters to determine which sections required modernization to reflect current best practices and national standards when applicable.

There are no alternatives to rulemaking given that SHB 1737 mandated rules regulating PAs be revised and adopted by the board and commission. In addition, there are no alternatives to

rulemaking that legally enable the board and commission to enforce standards established by SHB 1737, or other proposed best practices that are designed to protect the public's health and safety.

Explain how the department determined that the probable benefits of the rule are greater than the probable costs, taking into account both the qualitative and quantitative benefits and costs and the specific directives of the statute being implemented.

The department determined probable benefits by categorizing all chapter sections of osteopathic PA rules into sections that were: (1) newly established, (2) revised, (3) repealed, or (4) not amended. From this, amended sections were identified as being significant or non-significant. While many proposed revisions are by definition considered significant legislative rules under RCW 34.05.328, the following rules in Table 1 are considered non-significant rules and therefore do not require a cost/benefit analysis.

Table 1: Non-Significant Rule Identification

#	WAC Section	Section Title	Section Subject	Reason
1	WAC 246-854-005	Definitions	This new section defines terms used throughout the chapter.	The proposed rule is exempt from analysis under RCW 34.05.328(5)(c). Definitions do not set or modify a requirement to obtain a license, cannot be violated, and do not adopt substantive provisions of law.
2	WAC 246-854-010	Approved training and additional skills or procedures.	States what training programs are approved by the board and the approval process for performing additional skills and procedures.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iv). The change clarifies language in the rule without changing its effect. Minor changes were made to update and improve the readability of the section.
3	WAC 246-854-025	Remote practice site – Utilization. (Title changed to: Remote site.)	Rules for an osteopathic PA to work in a remote site.	The section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iii), rules that adopt or incorporate by reference without material change state or federal statutes. Makes changes in rule mandated

				by SHB 1737 and changes the title to remove unnecessary wording.
4	WAC 246-854-035	Osteopathic physician assistant—Scope of practice.	Clarifies that an osteopathic PA may only work within his or her training and the parameters outlined in the approved delegation agreement.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iii) and (iv). This section makes language changes mandated by SHB 1737 and removes language that references a document that is no longer utilized. Other revisions clarify language without changing the rule's effect.
5	WAC 246-854-085	Interim permit—Qualifications and interim permit requirements.	Requirements for an osteopathic PA to obtain an interim permit.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iv). The change clarifies language in the rule without changing its effect. This section removes unnecessary language to improve readability.
6	WAC 246-854-110	Osteopathic physician assistant renewal and continuing medical education renewal cycle.	Sets the required continuing education hours and renewal cycle for osteopathic PAs.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iv). The change clarifies language in the rule without changing its effect. Minor changes were made to this section to improve readability and a citation to a WAC that is referenced in the body of the rule was added.

The following sections were not reviewed, and therefore, no changes were made:

- WAC 246-854-200 Sexual misconduct.
- WAC 246-854-210 Abuse.
- WAC 246-854-230 Nonsurgical medical procedures.
- WAC 246-854-240 through -253 Pain management.

The proposed rules that are considered legislatively significant are analyzed below.

A. WAC 246-854-007 Application withdrawals. (New section)

Rule Overview: The proposed rule states that an applicant for a PA license or interim permit may not withdraw his or her application if grounds for denial exist. The current allopathic PA chapter includes this section. This is standard credentialing practice and including it in rule makes the practice enforceable and defensible. The proposed rule helps create a record of the grounds for denial, in case the same individual applies for a PA credential in the future.

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will make the application process consistent, enforceable and defensible.

B. WAC 246-854-015 Utilization and supervision of an osteopathic physician assistant. (Revised)

Rule Overview: The current rule sets the supervision, review, and communication requirements for osteopathic PAs and supervising physician(s). The current rule is specific and contains prescriptive detail, particularly in relation to the requirements that must be met during the first thirty days of the working relationship between the osteopathic PA and supervising physician(s).

The proposed rule is less specific in regard to the working relationship between the osteopathic PA and supervising physician(s). The details of the working relationship will instead be described in the delegation agreement that must be approved by the board before the osteopathic PA begins practicing. This proposal is aligned with the current allopathic PA practice requirements, removes unnecessary details from rule, and provides some latitude for the osteopathic PA and supervising physician(s) to define and structure their working relationship. The title of the section will also be changed under this proposal to “Use and supervision of an osteopathic physician assistant”.

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will establish a process for osteopathic PAs and their supervising physicians to structure their working relationship that is flexible yet has accountability.

C. WAC 246-854-021 Delegation agreements. (New section)

Rule Overview: The proposed rule states what is required in a delegation agreement between an osteopathic PA and his or her sponsoring physician(s) in order to be approved by the board. These agreements must include details regarding sites where the PA will practice, plan for supervision between the PA and physician, and general scope of the PA’s duties, among other requirements. This language currently exists in the board’s delegation agreement form. By proposing the language in rule, the delegation agreement requirements would be enforceable. This proposed rule incorporates language requiring notification of the termination of the working relationship between an osteopathic PA and their supervising physician from WAC 246-854-015 that is proposed for repeal.

The proposal also adds language contained in SHB 1737 relevant to the number of PAs a physician may supervise in different settings and indicates more than one physician (or group of physicians) may serve as the alternate sponsoring physician.

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will make the delegation agreement process consistent, encompassing and enforceable. It will also establish a process for PAs and their supervising physicians to create their delegation agreements to meet their specific clinic needs and requirements.

D. WAC 246-854-030 Osteopathic physician assistant prescriptions. (Revised)

Rule Overview: This section sets the prescribing requirements for osteopathic PAs, stating that an osteopathic PA may prescribe, order, administer, and dispense drugs in accordance with applicable state and federal laws and in accordance with an approved delegation agreement.

The board is proposing that the overall length of the section be shortened significantly and require osteopathic PAs to comply with relevant federal and state prescribing statutes. The proposal states that if a supervising physician's prescribing privileges have been limited, the osteopathic PA will be similarly limited unless otherwise authorized by the board. The title of the section will also be changed under this proposal to "Prescriptions."

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will establish a consistent process for osteopathic PAs to obtain and use prescription authority.

E. WAC 246-854-040 Osteopathic physician assistant use of drugs or autotransfusion to enhance athletic ability. (Repealed)

Rule Overview: The current rule prohibits an osteopathic PA from prescribing, administering, or dispensing drugs for the purpose of enhancing athletic ability and/or for nontherapeutic cosmetic appearance.

The board is proposing repealing this section. This section of rule does not exist under the current allopathic PA rules. The board agreed to propose repealing this section, because this conduct would already be a violation of chapter 18.130 RCW – The uniform disciplinary act. It is not necessary to restate this language in rule.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The benefit of this proposal is that it will repeal and remove an unnecessary rule.

F. WAC 246-854-050 AIDS education and training. (Repealed)

Rule Overview: The current rule language specifies the number of completed clock hours of AIDS education that is required for osteopathic PAs per chapter 246-12 WAC, Part 8.

The board proposes repealing this section. The language is now under proposed WAC 246-854-080 Osteopathic physician assistant licensure – Qualifications.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The benefit of this proposal is that it will repeal and remove an unnecessary rule. The benefit will also be that moving all osteopathic PA licensing requirements under one section, proposed WAC 246-854-080, will improve reading ease and comprehension.

G. WAC 246-854-060 Application for licensure. (Repealed)

Rule Overview: The current rule states that applicants for licensure must submit proof of completion of AIDS training required under WAC 246-854-050. The board is proposing repealing this section as this information is being moved to WAC 246-854-080.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The benefit of this proposal is that it will repeal and remove an unnecessary rule.

H. WAC 246-854-075 Background check—Temporary practice permit. (New section)

Rule Overview: This proposal sets the requirements for obtaining a temporary practice permit, at no cost. The proposed rule states that an applicant for a license as an osteopathic PA may obtain a temporary practice permit if they meet all of the licensing requirements except the national criminal background check. A temporary practice permit holder must have a delegation agreement approved by the board to begin practicing. The temporary practice permit is valid for six months. Applicants may receive a one-time, six month extension if their national background check has not been received by the board.

Allopathic PAs may obtain a temporary practice permit under current WAC 246-918-075, and this proposal will further align the osteopathic PA and allopathic PA chapters of rule.

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will establish a consistent process for osteopathic PAs to obtain a temporary practice permit the same as allopathic PAs.

I. WAC 246-854-080 Osteopathic physician assistant licensure – Qualifications and requirements. (Revised)

Rule Overview: Current rule language states the board’s procedure for application for licensure as an osteopathic PA. It also states that osteopathic PAs cannot work without the board first approving their practice plan.

The proposed revisions consolidate all osteopathic PA application requirements under one proposed section to make it easier to read and understand. This proposed rule also adds the requirement for AIDS education that is currently under WAC 246-854-050—AIDS education and training—to this section and reduces the required hours of AIDS training from seven hours to four hours so that the requirement for osteopathic PAs is consistent with the requirements for allopathic PAs. The title of the section will also be changed under this proposal to “Osteopathic physician assistant—Requirements for licensure” and the term “practice plan” will be replaced with the term “delegation agreement”.

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will consolidate all osteopathic PA application requirements under one

proposed section that will make them easier to read and understand. It also provides more current terminology per SHB 1737.

J. WAC 246-854-081 How to return to active status when a license has expired. (New section)

Rule Overview: The proposed rule details the requirements for returning an expired license to active status. The current allopathic rules include similar language under WAC 246-918-081 and this proposal will further align the osteopathic PA and allopathic PA chapters of rule.

Rule Cost/Benefit Analysis: There are no additional costs to comply with this proposal as this fee is already included in the osteopathic PA fee schedule under WAC 246-853-990. The benefit of this rule is that it will establish a process for osteopathic PAs to return to active status if their license expires.

K. WAC 246-854-082 Requirements for obtaining an osteopathic physician assistant license for those who hold an active allopathic physician assistant license. (New section)

Rule Overview: The proposed rule language creates a new section that identifies a streamlined application process for applicants of an osteopathic PA license who currently hold an active, unrestricted allopathic PA license that has been issued by the commission. The proposed rule intends to expedite the licensing of PAs, as many applicants seek both allopathic and osteopathic PA licenses. The proposed rule language responds to SHB 1737's requirement that the board and the commission collaborate to modernize osteopathic and allopathic PA rules regulating both professions.

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will streamline the application process for qualified PAs to obtain both osteopathic and allopathic PA licenses.

L. WAC 246-854-095 Scope of Practice—Allopathic alternate physician. (New section)

Rule Overview: This proposal states that the licensed osteopathic PA will practice under the delegation agreement and prescriptive authority approved by the board whether the alternate supervising physician is licensed as an osteopathic physician or allopathic physician. The current allopathic rules include this language under WAC 246-918-095 and this proposal will further align the osteopathic PA and allopathic PA chapters of rule.

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will establish a process for osteopathic PAs to establish their scope of practice if their alternative supervising physician is an allopathic physician.

M. WAC 246-854-105 Practice limitations due to disciplinary action. (New section)

Rule Overview: The proposed rule states that an osteopathic PA must work within the scope and training of his or her supervising physician. The proposed rule also provides that if the sponsoring or supervising physician's practice has been limited by disciplinary action under chapter 18.130 RCW, the PA's practice is similarly limited while working under that physician's sponsorship or supervision unless otherwise authorized in writing by the board.

The proposed rule further requires an osteopathic PA to notify their sponsoring physician(s) of all cases opened by the board in which the osteopathic PA is involved. This can include, but not be limited to, complaints, investigations, and disciplinary actions.

The proposed rule language also updates terminology to align with SHB 1737 and new proposed definitions under this chapter. It also allows the board to notify the sponsor or supervisor of the PA of any cases opened by the board relevant to the osteopathic PA. Finally, the proposed rule complies with SHB 1737's mandate to adopt new rules modernizing current rules regulating PAs.

Rule Cost/Benefit Analysis: There are no costs to comply with this proposed rule. The benefit of this proposal is that it will establish a process for osteopathic PAs to inform their supervising physicians if there are any compliance issues they may need to understand or address. The proposed rule's benefit also enhances patient safety by requiring any potential disciplinary action be reported to the osteopathic PA's sponsoring physician, so that appropriate action may be taken regarding the osteopathic PA's practice.

N. WAC 246-854-110 Osteopathic physician assistant continuing education required. (Revised)

Rule Overview: The current rule sets the continuing medical education (CME) hour requirement for licensed osteopathic PAs.

The proposal sets the continuing education and review cycle and states that the osteopathic PA must renew his or her license on an annual basis. The committee recommended to the board moving the language specific to CME requirements under WAC 246-854-115-- Categories of creditable continuing professional education activities. The title of the section will also be changed under this proposal.

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will establish a consistent process for osteopathic PAs to obtain CMEs and demonstrate they have satisfied the continuing education requirements. The proposed revision will also benefit osteopathic PAs in that they are in alignment with national standards of best practice.

O. WAC 246-854-112 Retired active license. (New section)

Rule Overview: The proposed rule establishes the process that osteopathic PAs must follow to obtain a retired active license. The purpose for adding this proposed new section is to allow PAs to obtain a retired active license in order to update and modernize current rules regulating PAs, per SHB 1737. Adding a retired active license status for PAs, which is authorized under RCW 18.130.250, is consistent with other health care professions that are moving to adopt retired active status for members of their professions. The retired active license allows the PA to work for limited periods each year or during emergencies, and may not charge fees for services. The licensee must complete continuing medical education every year to maintain a retired active license.

Rule Cost/Benefit Analysis: Licensees seeking a retired active license will have to pay a retired active fee to be determined by the department later (by amending WAC 246-854-990). The fee will be less than an initial license or renewal of license fee for PAs. The benefit of this rule is that it will increase the number of practitioners available in an emergency, yet ensure they have the skills to practice safely.

P. WAC 246-854-115 Categories of creditable continuing professional education activities. (Revised)

Rule Overview: The current rule distinguishes between what constitutes category I and category II continuing medical education (CME). The rule parses out and delineates specific activities and how much credit can be earned per activity. For example, the current rule states that osteopathic PAs may claim category II hours by listening to audio tape programs and earn one-half credit hour per tape program and one-half credit hour per tape program quiz. The committee recommended to the board that this level of specificity is unnecessary and should be removed from the rule. The proposed rule is more aligned with the current allopathic PA CME rules.

The proposed revisions update language in this section and add that in lieu of 50 hours of CME, the board will accept a current certification with the NCCPA or compliance with a continuing maintenance of competency program through the American Academy of Physician Assistants (AAPA). These revisions were done to modernize current rules regulating PAs pursuant to SHB 1737. The proposed rule also states that the board may, at their discretion, audit licensees for compliance with the CME requirements, which is consistent with requirements for other health care professionals. The title of the section will also be changed under this proposal.

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will establish a consistent process for osteopathic PAs to demonstrate that they received appropriate educational activities. The proposed revisions will also benefit osteopathic PAs in that they are in alignment with national standards of best practice.

Q. WAC 246-854-220 Use of laser, light, radiofrequency, and plasma devices applied to the skin. (Revised)

Rule Overview: The current rule stipulates that an osteopathic PA may delegate the operation of laser, light, radiofrequency, and plasma (LLRP) devices to a properly trained health care professional licensed under the authorization of RCW 18.130.040, whose scope of practice allows the use of a prescriptive LLRP device. The current rule does not allow an osteopathic PA to delegate the operation of these devices to professionals who are not licensed by DOH.

The proposed rule states that these devices may be delegated to “a properly trained and licensed profession, whose licensure and scope of practice allow the use of an LLRP device...” This proposed language allows an osteopathic PA to delegate use of LLRP devices to professionals not licensed by DOH, such as a master esthetician licensed by the Department of Licensing. The current allopathic rules include this language for allopathic

PAs under WAC 246-918-125 and this proposal will further align the osteopathic PA and allopathic PA chapters of rule.

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will establish a process for osteopathic PAs to delegate LLRP to qualified practitioners.

Cost Benefit Analysis Conclusion

As described above, the rules satisfy the requirements in SHB 1737 for the board and the commission to revise rules for osteopathic and allopathic PAs, their practice sites (both standard clinic and remote sites), supervision ratios, and develop proposed rule revisions that “modernize” the PA regulations, making the processes faster and leaner. In addition, the rules streamline, align where possible, and synchronize the two professions’ rules and credentialing processes, since many PA applicants now seek both an osteopathic and allopathic PA credential. Based on this analysis, the total probable benefits of the rules exceed the total probable costs.

Identify alternative versions of the rule that were considered, and explain how the department determined that the rule being adopted is the least burdensome alternative for those required to comply with it that will achieve the general goals and specific objectives state previously.

The committee, comprised of members of the board, the commission, WAPA, and MEDEX worked closely with physician assistant stakeholders to review and propose revised rules from November 2013 through June 2014 to meet the overall goals of SHB 1737, and at the same time, to minimize the burden of new or revised rules on PAs. Many ideas were proposed, thoroughly discussed, and then accepted or rejected in the recommendations to the board and commission following a lengthy draft rule development phase. The committee submitted its recommendations to the board, which accepted the committee’s findings.

Some of the more significant proposed rule revisions submitted to the committee for consideration but which were ultimately rejected because of non-compliance with SHB 1737, other statutes, or because the cost implications exceeded the benefit include the following:

- a) A proposal that remote sites not require a supervising physician for physician assistants. This proposal was rejected because it conflicts with SHB 1737’s requirements and chapter 18.57A RCW.
- b) A proposal to permit a non-sponsoring or non-supervising physician to oversee a PA in a remote site if emergent situations arise where the existing supervising physician cannot oversee the PA. This proposal was rejected after careful deliberation because it was determined that the board can make emergent decisions to approve a new or temporary supervising or sponsoring physician to a PA in a remote site if the situation requires an expedited delegation approval process.

c) A proposal that the term “physician assistant” be changed to “physician associate” to demonstrate more autonomy as a health care provider. The board rejected this proposal because, as recommended by the committee, SHB 1737 and chapter 18.57A RCW establish the PA title, and a name change for a profession would not accomplish the requester’s goal of making PAs more independent of a supervising or sponsoring physician.

d) A proposal that the rules restrict the ownership of clinics by PAs because of possible conflict of interest issues when the PA as owner must hire a physician as an employee but remain responsive and compliant to the physician who could be the PA’s supervising physician. The board rejected this proposal because the committee and legal counsel advised not to include in rule any provisions prohibiting ownership of clinics by any individuals, as there is no statutory authority to support this proposal. In addition, when these conflict of issues rise to the level of a complaint being registered, they have been dealt with successfully by the board on a case by case basis.

e) A proposal asking that revised rules require certified PAs to become recertified by the NCCPA. PAs have been concerned about whether they must be recertified and this issue was brought to the committee by WAPA. The proposal was rejected to insert language requiring certified PAs licensed in Washington State to be recertified as a condition of license renewal citing that the commission does not have the authority to require recertification. However, the board will continue to allow PAs to become recertified by the NCCPA and subsequently permit the NCCPA’s recertification requirements to count toward their continuing medical education requirements.

Some of the more significant proposed rule revisions submitted for consideration that the committee agreed to propose to the board were as follows:

a) A proposal that the rules define when a health care organization with multiple physicians overseeing multiple PAs could name the physician group as the overarching alternate supervising entity to PAs rather than submitting multiple delegation agreement forms identifying singular supervising physicians for multiple PAs practicing in their organization. This proposal was considered and responded to in the proposed, revised delegation agreements for osteopathic and allopathic PAs. RCW 18.57A.040 refers to a PA being supervised by a physician or physician group. Language was also created in the revised delegation agreement recognizing a physician group as being an alternate supervisor to a PA.

b) A proposal asking the board and the commission to make internal licensing systems more cooperative to allow PAs to be more easily licensed as either an allopathic or osteopathic PA, and to make the delegation agreement processes more in alignment. This committee agreed to propose this to the board. The revised rule language was added outlining licensing requirements for osteopathic PAs seeking to become licensed as allopathic PAs. In addition, the board and commission staff developed internal licensing systems within the Dept. of Health to streamline licensing requirements if a person is licensed and in good-standing as a PA and they seek licensure to become either an allopathic or osteopathic PA. Finally, the board and commission are amending their current delegation agreements so that they are more aligned, using consistent language and requirements.

Determine that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.

The proposed rule does not require those to whom it applies to take an action that violates requirements of federal or state law.

Determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.

The proposed rule does not impose more stringent performance requirements on private entities than on public entities.

Determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.

The proposed rule does not differ from any federal regulation or statute applicable to the same activity or subject matter.

Demonstrate that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.

Yes, the rule is coordinated to the maximum extent practicable with other applicable laws, including current osteopathic PA law (chapter 18.57A RCW), allopathic PA law (chapter 18.71A RCW), and applicable provisions of chapter 18.130 RCW.